

## **CONTRACTOR COMPLAINT AFFIDAVIT**

Date Received: Case #:			
Company or Per	son Complaining Against:		
State of:	Florida	_	
County of:	St. Lucie	-	
Before me, the u	ındersigned authority, this day	personally appeared:	
Name:			
Address:			
City, State, Zip:			
Home Phone:			
Work Phone:			
Age:			

To me well known, and who, after being duly sworn and deposed, upon his/her personal

G:\Contractor\Forms\Complaint Affidavit.doc

knowledge did state the following:

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## **SUBJECT OF COMPLAINT**

1.	I have a complaint against:	
	Individual's Name:	
	Company Name:	
	Address:	
	City:	
	State:	
	Zip:	
	Phone:	
	Occupation:	
	License # (if known):	
	Is a private attorney involved?	
2.	I first learned of the above-named person or company through: telephone, newspaper, etc.	
3.	The following documents are included: (e.g., contracts, records, document, bills, correspondence).	

4.	I (have) (have not) contacted the above-mentioned subject concerning the complaint.  Dates contacted:					
5.	Clearly and in detail please state your complaint below. Describe events in the same order in which they occurred and include all facts, dates, times, and name(s) of individual(s) you dealt with, if possible. Please attach copies of bills, documents, records, correspondence, cancelled checks and contracts. If you need more space, please write on the back of this sheet.					
6.	I have paid:	\$				
	To (person's or company's name):					
	By:	CHECK	MONEY ORDER	OTHER		

In order to settle this complaint, I would like: (e.g., warranty, repairs, cancellation of a contract, etc). NOTE: If you are seeking a refund, this would be a civil matter and not handled by this department.				
ttached hereto and made parts nis complaint.	hereof are the following copies of documents relating to			
9. FURTHER AFFIANT sayeth naught.				
our Signature:				
our Social Security Number:				
	STATE OF FLORIDA COUNTY OF ST. LUCIE			
	The foregoing instrument was acknowledged before me this day of, 20, by			
	, who is personally known to me or has produced the following identification:			
	Signature of Notary			
	ontract, etc). NOTE: If you are andled by this department.  ttached hereto and made parts his complaint.  FURTHER AFFIANT sayeth not our Signature:			